United Nations E/CN.9/2012/5

Economic and Social Council

Distr.: General
8 February 2012

Original: English

Commission on Population and Development
Forty-fifth session
23-27 April 2012
Item 3 of the provisional agenda*
Actions in follow-up to the recommendations of the International Conference on Population and Development

Monitoring of population programmes, focusing on adolescents and youth

Report of the Secretary-General

Summary

In accordance with decision 2010/101, by which the Commission on Population and Development adopted "Adolescents and youth" as the theme for its forty-fifth session, the present report provides an overview of development issues related to young people's sexual and reproductive health, with particular emphasis on the needs of girls and young women.

The report reviews actions by Governments, non-governmental organizations and the United Nations Population Fund and its partners that create a supportive environment for young people as they make the transition to adulthood; invest in young people; promote their rights and gender equality; provide access to sexual and reproductive health information and services; encourage their education and social integration; ensure protective measures and safe spaces for the most vulnerable among them, including those in humanitarian situations; and support an enabling policy and legal framework for their participation in policymaking.

The report concludes by drawing attention to further actions required to promote and secure young people's sexual and reproductive health and reproductive rights as a development priority to meet internationally agreed development goals and contribute to countries' broad development aims.

* E/CN.9/2012/2.

12-22713 (E) 060312

Please recycle

Abbreviations

ILO	International Labour Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

I. Introduction

1. The present report is submitted in response to decision 2010/101 of the Commission on Population and Development (see E/2010/25-E/CN.9/2010/9), in which the Commission decided to adopt "Adolescents and youth" as the special theme for its forty-fifth session.[1]

2. There are over 1.8 billion young people between the ages of 10 and 24 today, the largest generation of young people in history. Close to 90 per cent of all young people live in developing countries, where they tend to make up a large proportion of the population. In Swaziland, Uganda and Zimbabwe, the proportion is more than 50 per cent, and in 67 other developing countries, young people constitute more than 40 per cent of the population aged 10 years and older.

3. In recent years, countries have made considerable progress in the formulation of national youth policies with the guidance of the World Programme of Action for Youth. Yet many elements of those policies do not have budgets attached to them or result in the mainstreaming of young people's issues in national policy agendas.

4. Some regions, including Central and Eastern Europe and Central Asia, have ensured near-universal primary and secondary education. Elsewhere, especially in sub-Saharan Africa and South Asia, secondary education still remains out of reach for most young people, especially girls. Countries that have managed to expand access to primary education currently face greater demand for secondary education. Ensuring equitable access and quality education remains a challenge.[2]

5. Youth employment likewise remains a challenge. The formal sector offers too few openings, and most young people living in poverty lack the education and skills to take advantage of the opportunities that exist. By the end of 2010, there were about 75.1 million young unemployed people.[3] About 152 million employed youth still live in extreme poverty, doing low-paid and unsafe work.

6. Young people, as much as all people, share the human right to health, including sexual and reproductive health, but there are also compelling policy reasons for investing in young people's health and development.[4] Nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth.[5]

7. The first study of global patterns of mortality in young people found that 2.6 million young people between the ages of 10 and 24 die every year, 97 per cent of them in low- and middle-income countries. Complications during pregnancy and childbirth, gender-based violence and AIDS are among the leading causes of

---

[1] UNFPA uses the following terms: "adolescents", for 10- to 19-year-olds (early adolescence 10-14; late adolescence 15-19); "youth", for 15- to 24-year-olds; and "young people", for 10- to 24-year-olds. Adolescence and youth are periods of transition to adulthood, but young people are highly diversified by age, sex, marital status, schooling level, residence and socio-economic status, among other factors.

[2] For a detailed discussion, see UNESCO Institute for Statistics, *Global Education Digest 2011: Comparing Education Statistics across the World* (Montreal, 2011).

[3] ILO, *Global Employment Trends for Youth: 2011 Update* (Geneva, 2011).

[4] WHO, *Child and Adolescent Health and Development: Progress Report 2009* (Geneva, 2010).

[5] World Bank, *World Development Report 2007: Development and the Next Generaation* (Washington, D.C., 2006).

mortality for young people.[6] Maternal mortality and morbidity account for 16 per cent of all disability-adjusted life years, the sum of years of potential life lost owing to premature mortality and the years of productive life lost owing to disability, among women aged 15 to 29 in developing countries.[7]

8. Between 2000 and 2009, 31 per cent of young women aged 20 to 24 in least developed countries gave birth before age 18.[8] In low- and middle-income countries, complications from pregnancy continue to be the leading cause of mortality among adolescent girls aged 15 to 19. Most adolescent girls, whether married or unmarried, give birth with insufficient information, health care and support. Among the main risks faced by the youngest mothers are prolonged labour, fistula, post-partum infection, HIV infection and mother-to-child transmission.

9. Adolescent girls and young women face high levels of morbidity and mortality as a result of unsafe abortion. In 2008, there were an estimated 3 million unsafe abortions in developing countries among girls aged 15 to 19.[9] Because many adolescent pregnancies are unintended, rates of unsafe abortion among young women are high, especially in sub-Saharan Africa, where girls aged 15 to 19 account for one in every four unsafe abortions.[10]

10. Unmet need for modern contraception remains at historically high levels, especially in developing countries. Demand will continue to rise because today's young people are entering their reproductive years, and many will wish to have smaller families than their parents had.

11. Limited access to information and to quality and affordable adolescent and youth sexual and reproductive health services is one of the main factors contributing to the high unmet need for contraceptives. An in-depth study of four sub-Saharan African countries found that 60 per cent or more of adolescent men and women did not know how to prevent pregnancy and one third or more did not know of a source for contraceptives.[11]

12. Young people aged 15 to 24 account for 41 per cent of all new HIV infections in the 15 to 49 age group, which means that 3,000 young people are newly infected with HIV every day.[12] Young women are more vulnerable than young men: in Kenya, for example, women aged 15 to 24 are four times more likely to have HIV than males of the same age.[13] Only 34 per cent of youth (24 per cent of young

---

[6] George C. Patton and others, "Global patterns of mortality in young people: a systematic analysis of population health data", *The Lancet*, vol. 374, No. 9693 (2009).

[7] Elizabeth Lule and others, "Adolescent health programs", in *Disease Control Priorities in Developing Countries*, 2nd ed., Dean T. Jamison and others, eds. (New York Oxford University Press; Washington, D.C., World Bank, 2006).

[8] *The State of the World's Children 2011: Adolescence — An Age of Opportunity* (United Nations publication, Sales No. E.11.XX.1).

[9] WHO, *WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries* (Geneva, 2011).

[10] WHO, *Women and Health: Today's Evidence Tomorrow's Agenda* (Geneva, 2009).

[11] Guttmacher Institute and International Planned Parenthood Federation, "Facts on the sexual and reproductive health of adolescent women in the developing world" (April 2010). Available from www.guttmacher.org/sections/adolescents.php.

[12] UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010* (Geneva, 2010).

[13] Kenya, National AIDS Control Council, United Nations General Assembly Special Session on HIV and AIDS Country Report (Nairobi, 2010).

women and 36 per cent of young men for low- and middle-income countries) can answer correctly five basic questions about HIV and how to prevent it.[14]

13. Child marriage is a human rights issue in itself, and often involves the denial of many other human rights, including the right to education and health.[15] Most countries have a legally established minimum age of marriage, but the enforcement of laws varies and traditional practice often prevails. Child marriage is still widespread, especially in the least developed countries, where 30 per cent of women aged 15 to 19 are married or in union.[8] If present patterns continue, in the next decade around 100 million girls will be married as children.[16]

14. Across all economic strata and across the world, adolescent girls and young women live under the threat of sexual violence and abuse, including from an intimate partner. Up to 50 per cent of sexual assault cases are committed against girls under age 16. It is estimated that half of the adolescent girls in the Caribbean region are forced into sexual initiation. Central American women also suffer high rates of violence. Studies in sub-Saharan Africa found that the violence of partners and the fear of abuse stopped girls from saying no to sex and jeopardized condom use.[17] In sub-Saharan Africa, young women make up 71 per cent of the young people living with HIV.

15. Female genital mutilation or cutting is still widespread. Between 100 million and 140 million women and girls have experienced female genital mutilation or cutting in Africa.[18] Although the proportion of women undergoing it is decreasing significantly in Burkina Faso, Egypt, Eritrea, Kenya, Nigeria and Senegal, over 3 million girls worldwide remain at risk of the procedure every year.

16. It is estimated that one in every five adolescents experiences a mental health or behavioural problem each year. Gender-based violence increases three- to fourfold the risk of depression and anxiety in adolescents, especially those in emergency settings. Mental health problems often lead to risky behaviours, including unsafe sex, substance abuse and failure to seek care.[19] In low- and middle-income countries, access to mental health services is generally limited, and services that address adolescents' needs are especially inadequate.

17. Overall, young people continue to face poverty, unemployment and underemployment, inadequate education, poor health outcomes and violence. Poor, rural young people, especially girls, are vulnerable to unwanted sexual contact and gender-based violence, including child and forced marriage. They lack access to sexual and reproductive health services to avoid unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV. The unmet need for

---

[14] UNAIDS, *AIDS at 30: Nations at the Crossroads* (Geneva, 2011).

[15] Using the Convention on the Rights of the Child as a framework, these rights include the right to life, health, education, participation, protection from harmful practices and freedom from abuse and exploitation. It is a violation of article 16, paragraph 2, of the Universal Declaration of Human Rights, which provides that marriage shall be entered into only with the free and full consent of the intending spouses.

[16] International Center for Research on Women, "Child marriage facts and figures". Available from www.icrw.org/child-marriage-facts-and-figures (accessed 26 January 2012).

[17] Population Reference Bureau, "Family planning saves lives", 16 March 2009. Available from www.prb.org.

[18] WHO estimates 2011.

[19] See http://sphhs.gwumc.edu/departments/globalheath/adolescentmentalhealthroundtable.

contraception remains high, and demand is rising. The Programme of Action of the International Conference on Population and Development and the key actions for its further implementation are still an unfinished agenda for young people in most regions of the world.

II. Policies, programmes and participation

18. The sheer size of today's young generation will cause significant population growth in the coming decades, even if each young woman has only two children. However, falling fertility and smaller families will ease the burden of health-care and education costs and release resources for investment. Many countries in Asia and Latin America have already reaped this demographic dividend. Ensuring that this opportunity becomes available in those countries that have not yet done so, notably in South Asia and sub-Saharan Africa, requires appropriate policies and urgent investment in young people. Failure to respond will entrench poverty for generations.

19. As experience shows and research indicates, successful policies are based on enabling young people to make choices and take the lead in encouraging others to do the same.[20] Such a policy framework reflects universal human rights and young people's right to a fair share of national investment. It includes a legal and social environment that respects and encourages young people's evolving capacities for decision-making, removes barriers to gender equality, enables later marriage and combats gender-based violence. Policies investing in the development of the human capital of young people should be complemented by integrated strategies for growth and job creation and the development of specific interventions to reach disadvantaged youth.

20. Policy frameworks should reflect the understanding that poverty, education, sexual and reproductive health and gender equality are linked in complex ways and across generations. For example, poverty is one of the main causes of unequal access to education, creating a compound disadvantage for girls of secondary-school age. Among the poorest household quintile, only 63 per cent of girls attend lower secondary school, compared with 90 per cent of boys from the richest household quintile.[21] Girls' lack of education combined with their already low economic status reduces their autonomy and self-esteem, so they are at enhanced risk for sexual exploitation, sexually transmitted infections, including HIV, unintended pregnancy and gender-based violence. They are likely to remain poor and powerless and to pass on their disadvantages to their children.

21. Attention to young people's rights and needs has been growing but has not always translated into effective investments. In 2010, a review of national poverty reduction strategies showed that three out of four of them did not identify young

---

[20] Judith Bruce and John Bongaarts, "The new population challenge", in *A Pivotal Moment: Population, Justice, and the Environmental Challenge*, Laurie Mazur, ed. (Washington, D.C., Island Press, 2009).

[21] UNESCO, *Global Education Digest 2011* (see footnote 2).

people as a major group experiencing poverty despite evidence to the contrary.[22] Furthermore, only 33 per cent of the strategies involved consulting young people.

22. There are good practices that illustrate meaningful youth participation. Throughout the International Year of Youth, 2010/11, young people mobilized in over 30 countries to put young people's rights at the heart of development. In Latin America, young people are leading efforts to promote the implementation of the Letter of Bahia, an important outcome document for the region from the International Year of Youth. In Africa, youth-led organizations have continued to promote the ratification of the African Youth Charter and the implementation of the Maputo Plan of Action. In Belize, young people host a radio show designed to address issues facing youth in the country, with support from the United Nations country programme. In Honduras, a United Nations inter-agency programme has supported a policy road map for children and youth called Ruta Social para un Buen Gobierno por la Infancia, Adolescencia y Yuventud.

23. In Viet Nam, the population and housing census conducted in 2009 helped to identify marginalized youth groups, which are the current focus of the United Nations country programme and the national policy. Youth-led participatory research has incorporated young people's perspectives in data collection and analysis, for example in Zambia and in Bamyan Province, Afghanistan. Myanmar addressed young people's lack of capacity by developing youth leadership training on health and development. In Nicaragua, Plan International created a diploma course on sexual and reproductive health and governance.

24. Effective laws are essential in creating a supportive environment. For example, in 2010, 102 countries reporting on indicators monitoring the implementation of the Declaration of Commitment on HIV/AIDS had passed non-discrimination laws and regulations protecting young people. They are, however, insufficient by themselves to ensure access. In practice, young people, particularly young women, find frequently that the need for parental or spousal permission, disapproval from the family or the community and negative attitudes among service providers curtail their access to sexual and reproductive health services.

III. Gender equality and investing in adolescent girls

25. The Programme of Action of the International Conference on Population and Development and the key actions for its further implementation highlighted greater equality for the girl child as a right in itself, as well as a necessary first step for women to realize their full potential and become equal partners in development. Investing in girls benefits not only the girls themselves but also their families, communities and countries over many generations. Educated and healthy adolescent girls equipped with life skills will stay in school longer, marry later, delay childbearing, have healthier children and earn higher incomes.[22] Investing in their rights and empowerment will help to accelerate the achievement of internationally agreed development goals, including the Millennium Development Goals.

26. The United Nations Inter-Agency Task Force on Adolescent Girls, which is co-chaired by UNFPA and UNICEF, includes ILO, UNESCO, UNHCR, UN-Women

[22] UNFPA, *The Case for Investing in Young People as Part of a National Poverty Reduction Strategy*, 2nd ed. (New York, 2010).

and WHO and is now joined by more than 20 countries, provides a platform for collective action. Through the Task Force, the United Nations system is promoting a comprehensive evidence-based model that gets girls into school and helps them stay there; guarantees their access to health information and services, including sexual and reproductive health, and gives them control over their life decisions while ensuring their successful transition into adulthood. Particular attention is given to reaching the most marginalized girls.

27. The model was successfully put into practice by UNFPA and the Population Council and its partners in the Berhane Hewan programme in Ethiopia.[23] The programme aims to delay marriage and increase school attendance, while promoting functional literacy and life skills and providing social support, including mentoring, and reproductive health information for married and unmarried girls.[23] A similar approach supported by UNFPA and the Population Council, Abriendo Oportunidades, in Guatemala, is helping to create a cadre of young women advocating for their rights in rural Mayan communities. The programme uses a mapping exercise that reflects girls' own perspectives on health and safety and encourages them to share their ideas about ways to improve health services. Sharing the maps with the community builds local buy-in for girls' programmes.

28. Delaying the age of marriage not only protects girls' rights but can also, under certain circumstances, help offset population momentum and slow down the pace of population growth.[20] Effective interventions include keeping girls in school; providing them with livelihood education; identifying socio-economic alternatives; addressing cultural norms and working with parents; and advocating for policy change, including the enforcement of child marriage laws.[23] In Pakistan, research on vulnerable girls led by UNFPA will be the first step in a joint initiative to help girls affected by harmful practices. It will also ascertain whether those girls can find programmes to help themselves. In Malawi, the work of UNFPA with youth councils on the legal age of marriage has evolved into a United Nations joint programme that reaches out to girls at risk of child marriage.

29. UNFPA and UNICEF work together in supporting communities to put an end to female genital mutilation or cutting. Through partnerships with governments, non-governmental organizations, religious leaders and community groups, in four years, more than 8,000 communities in Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal and Somalia have abandoned the practice. Those countries are able to change the social norms and cultural practices, and communities are uniting to protect the rights of girls.

30. In Egypt, the United Nations will support a comprehensive model emphasizing the active citizenship and participation of marginalized adolescent girls in their communities. Ishraq is a programme in Upper Egypt, now being scaled up, to improve the health and the social and education opportunities of out-of-school girls. The programme trained teachers, engaged parents, worked with non-governmental organizations and community leaders and established institutional ties with formal schooling systems.

---

[23] Miriam Temin and Ruth Levine, *Start with a Girl: A New Agenda for Global Health* (Washington, D.C., Center for Global Development, 2009).

31. Programmes in Rwanda focus on the empowerment of adolescent girls through sexuality education, particularly on the prevention of HIV infection and unwanted pregnancy. Many schools are providing girls-only toilets and sanitary supplies and designating rooms in boarding schools as solely for girls. Recently, a national vaccination programme against the human papillomavirus reached 97 per cent of adolescent girls.

32. In Liberia, UNFPA led an assessment of the reach of youth-centred programmes, which became a benchmark for holistic multisectoral programming for young people. UNFPA also supported a focused mentorship programme for younger adolescents.

33. Sexual violence against girls is a grave violation of human rights with severe health and social consequences. Approximately 150 million girls under the age of 18 are estimated to have experienced some form of sexual violence.[24] Together for Girls, a public-private partnership that involves five United Nations agencies, aims to eliminate sexual violence against children, with a focus on girls. It supports evidence-based prevention programmes and services for survivors of sexual violence in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe. Most recently, in the United Republic of Tanzania, a national survey on violence against children spurred Government commitment to develop a national action plan to reduce violence against children and support survivors.

IV. Sexual and reproductive health and reproductive rights

34. The Programme of Action of the International Conference on Population and Development and the key actions for its further implementation clearly state the right of adolescents to the highest attainable standards of health, including sexual and reproductive health. This includes providing appropriate, specific, user-friendly and accessible services to address their reproductive and sexual health needs effectively.

35. The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have recognized adolescents' right to contraceptive information and services.[25] Barriers remain, however, and lead to increased risk of HIV and other sexually transmitted infections and high rates of unintended pregnancy and abortion.

36. The Convention on the Rights of the Child recognizes the evolving capacities of adolescents to make decisions in matters affecting their lives, but many States still require parental consent for adolescents to obtain access to contraceptive information and services, which can deter adolescents from seeking them. Even where parental consent is not required, stigma around adolescent sexuality may deter adolescents or may result in services being denied them. Cost can also be a significant obstacle for adolescents.

37. While the importance of a comprehensive and integrated package of adolescent sexual and reproductive health information and services is widely

[24] See www.togetherforgirls.org (accessed 27 January 2012).

[25] For full citations, see UNFPA and Center for Reproductive Rights, "The right to contraceptive information and services for women and adolescents", briefing paper, New York, 2010.

recognized, there is enormous variety in what countries are supporting. There are many examples of national or smaller-scale action by Governments and non-governmental organizations to encourage safer sexual and reproductive health behaviours and a positive community and policy environment. Some of those programmes work through the health system, and others work outside of it; the most effective ones are led by the health sector, with complementary actions in education, protection and employment. Historically, sexual and reproductive health programmes tend to be separate from HIV and AIDS prevention and treatment, and adolescent sexual and reproductive health services may be separate from other services for young people, although there is an encouraging trend towards integrated services.

38. There are good examples of programmes that deliver integrated health services, including sexual and reproductive health services, which are focused on young people's unique needs and expectations. They typically feature extended hours of service, confidentiality and privacy, personnel trained to work effectively with adolescents and reduced costs. An example is Geração Biz in Mozambique, which reaches more than 4 million young people in schools and community centres using 7,000 peer educators and health providers trained on youth-friendly services. The programme is managed in rotation by the Ministries of Education, Health and Youth, ensuring a cross-sectoral approach.

39. The National Adolescent-Friendly Clinic Initiative in South Africa aims to make health services more accessible and acceptable to young people, establish national standards and criteria for adolescent health care in accredited clinics throughout the country and develop the capacity of health-care workers to deliver quality services.[26] In Zambia, the Ministry of Health and its partners are building the capacity of community-based groups to provide integrated reproductive health information and services for young people, especially young rural girls.

40. In Mongolia, adolescent health centres provide reproductive health information, education and services while increasing adolescents' capacity to make decisions for their own well-being and health. Operated by district health alliances and provincial health departments, the service package integrates the prevention and management of reproductive tract and sexually transmitted infections. Access is encouraged by messages in the media and through sexuality education in schools.

41. In India, the Ministry of Health and Family Welfare, with its partners, is implementing a core adolescent sexual and reproductive health package for both married and unmarried adolescents at all levels of the national health system. One strategy is to set up special stalls during village fairs to reach both adolescents and the larger community of adults who interact with them.

42. Egypt has established an integrated national programme to educate adolescents about reproductive health and offer them guidance about services. Another component raises community awareness, breaking cultural and social barriers and encouraging adolescents to speak out about sensitive issues.

43. In the Plurinational State of Bolivia, the Mamás Jóvenes project held group peer-support sessions at health-care centres for pregnant adolescents and their

[26] Joanne Ashton, Kim Dickson and Melanie Pleaner, *Evolution of the National Adolescent-Friendly Clinic Initiative in South Africa* (Geneva, WHO, 2009). Available from http://whqlibdoc.who.int/publications/.

families. The centres provided a safe and private location for antenatal and post-natal check-ups and family planning.[27]

44. The Plan Andino de Prevención del Embarazo Adolescente is an initiative of the six Andean countries, combining the work of health and education ministries to prevent adolescent pregnancy. Colombia, for example, is building health workers' capacity to work with adolescents and promoting social mobilization and communications in support of young people's access. The Declaration on the prevention of adolescent pregnancy in the Andean subregion, adopted in Medellin, Colombia, in September 2011, places efforts to reduce adolescent pregnancy at the heart of the fight against intergenerational poverty.

45. In Georgia, UNFPA pioneered a model that engages the private sector to deliver services. Youth-friendly centres throughout the country provide services free of charge.

46. In the Russian Federation, the Ministry of Health and Social Development and UNICEF have developed an easily accessible range of age-appropriate health, social, psychological and information services. To date, 117 facilities have been established in 28 regions, serving approximately 1.5 million young people.[28] To ensure the scaling-up of services, a training centre was established for health and social service providers.

47. In the Republic of Moldova, part of the strategy to promote and safeguard the health of young people has been to establish youth-friendly health centres. The Ministry of Health is now scaling up youth-friendly services and integrating them into the national health system.

48. A strategy known as demand-side financing provides vouchers directly to girls who need services, overcoming household barriers.[23] In Nicaragua, girls were able to use vouchers for reproductive health care at the clinic of their choice. In Zambia, health workers made vouchers available for emergency contraception.[29]

49. Gaps in laws and regulations, poor application in practice and inadequate enforcement prevent many adolescents from reaching sexual and reproductive health information and services. The WHO tool for conducting rights-based national sexual and reproductive health law and policy assessments includes a module on barriers to adolescents' access. Sri Lanka and Tajikistan have carried out adolescent sexual and reproductive health assessments, to be followed by legislative reform.

50. A growing number of countries have established service quality standards. WHO has supported countries in defining, standardizing and improving the quality of health service provision to adolescents and in expanding the coverage of health services, for example in the United Republic of Tanzania, where the Ministry of Health and Social Welfare has made progress in standardizing and institutionalizing adolescent-friendly services at the national level. The current focus is on supporting

[27] Save the Children, "Adolescent reproductive and sexual health update", Department of Health and Nutrition Knowledge Series (Washington, D.C., 2011).

[28] Valentina Baltag and Alex Mathieson, eds., "Youth-friendly health policies and service in the European region: sharing experiences" (Copenhagen, WHO, 2010). Available from www.euro.who.int.

[29] John Skibiak, Mangala Chambeshi-Moyo and Yusuf Ahmed, "Testing alternative channels for providing emergency contraception to young women", July 2001. Available from www.popcouncil.org.

health management teams and facility managers at the regional, council and local levels.

51. Addressing girls' sexual and reproductive health calls for action outside the health system to change social norms, create community resources that empower girls and increase the health-related benefits of schooling and other investments. Communications media strongly influence young people's knowledge, attitudes and behaviours and can be a channel for sexuality education. In South Africa, the television drama series *Soul City* is credited with a shift in attitudes and norms about intimate partner violence and domestic relations.[30] Providing safe spaces permits girls to socialize with peers; learn how to protect their health and manage their money; and develop relationships with mentors and role models in their community. Using those tools, they can begin to exert some control and autonomy over their lives.[30] For example, the Biruh Tesfa programme in Ethiopia provides safe spaces for girls who have migrated to urban areas and are at risk of coerced sex and exploitative labour. More than 35,000 girls have participated in Biruh Tesfa groups in the poorest areas of 17 cities.[31]

52. In Nepal, a new project provides safe spaces for workshops, discussion forums and role-playing to engage girls and their parents. The programme works with community leaders, teachers and peers and supports local health facilities to provide adolescent-friendly services.[27]

V. HIV and young people

53. In 2001, Member States at the special session of the General Assembly on HIV/AIDS unanimously adopted the Declaration of Commitment on HIV/AIDS. That commitment was renewed five years later with the 2006 Political Declaration on HIV/AIDS (General Assembly resolution 60/262, annex). Member States agreed to further their commitment to addressing the rising rate of new HIV infections among young people and to implement comprehensive, evidence-informed prevention programmes that promote responsible sexual behaviour, including the use of condoms; evidence-informed and skills-based HIV education through mass media, schools and other settings; and the provision of youth-friendly sexual and reproductive health services, including HIV services.

54. The trajectory of the disease worldwide has been bending downward among young people: the *World AIDS Day Report 2011*[32] indicated a decline in HIV prevalence among young people in at least 21 of 24 countries with a national HIV prevalence of 1 per cent or higher. The declines in new infections in young people are being spurred by changes in sexual behaviour (waiting longer to become sexually active, choosing to have fewer partners and using condoms) and increased access to treatment.

---

[30] Ilene Speizer, Robert Magnani and Charlotte Colvin, "The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence", *Journal of Adolescent Health*, vol. 33, No. 5 (November 2003).

[31] See www.popcouncil.org/projects/41_BiruhTesfaSafeSpaces.asp.

[32] UNAIDS, *World AIDS Day Report 2011: How to Get to Zero — Faster. Smarter. Better* (Geneva, 2011).

55. In the 2011 Political Declaration on HIV and AIDS (General Assembly resolution 65/277, annex), Member States recommitted to working towards reducing the sexual transmission of HIV by 50 per cent by 2015, including among young people. Three bold results have been agreed upon in order to achieve the overall goal, namely: comprehensive knowledge of HIV among at least 80 per cent of young people in and out of school; doubling of young people's use of condoms; and doubling of HIV testing and counselling services.

56. A recent report of national AIDS spending[33] found that three categories of spending focused on young people: in school, out of school, and orphans and other vulnerable children. Strategies for young people are included in national multisectoral strategies to respond to HIV in 151 of 172 countries. However, few countries provided detailed information on HIV among young people and the programmes that engage them. Of 90 plans reviewed by UNAIDS, 73 mentioned programmes and activities for young people, but only 34 provided specifics.

57. A study of HIV-positive young people receiving antiretroviral therapy in Kenya and Uganda found that most were sexually active, yet contraceptive use was low and there were high rates of unintended pregnancies. Even among young pregnant women receiving the therapy, the use of maternal health services, including for the prevention of mother-to-child transmission, was low.[34]

58. Many young people have limited or no access to HIV prevention programmes. Legal restrictions, the structure of services, community resistance and local customs present considerable barriers. In the most severely affected countries, very few young people have access to HIV testing and counselling services. All countries, with the exception of Namibia, report that less than 20 per cent of young people have been tested and counselled in the past year.

59. An estimated 10 billion male condoms are needed every year to cover all risky sex acts. Yet, in 2010, only nine male condoms were available for every adult male of reproductive age in sub-Saharan Africa. A female condom was distributed for every 50 women worldwide, or one for every 13 women of reproductive age in sub-Saharan Africa. Low- and middle-income countries rely heavily on the donor community, mainly UNFPA and the United States Agency for International Development, which provided 3.2 billion male condoms in 2007 to developing countries but only 2.8 billion in 2010.[35]

60. Prevention efforts in Zimbabwe have expanded since 2000, although they remain underfunded in comparison to other countries in the region. Extensive education among young people resulted in high levels of knowledge about HIV prevention, increased male and female condom use and a substantial decline in non-regular or casual sexual partners.[36]

---

[33] UNAIDS, *Securing the Future Today: Synthesis of Strategic Information on HIV and Young People* (Geneva, 2011).

[34] Harriet Birungi and others, "Sexual and reproductive health needs of adolescents perinatally infected with HIV in Uganda", July 2008. Available from www.popcouncil.org.

[35] See www.unfpa.org for information on comprehensive condom programming.

[36] Simon Gregson and others, "HIV decline in Zimbabwe due to declines in risky sex? Evidence from a comprehensive epidemiological review", *International Journal of Epidemiology*, vol. 39, 2010.

61. In Uganda, with a prevalence of 4.9 per cent for young people aged 15-24 years, the AIDS Commission has included young people in the national strategic plan on HIV/AIDS. The plan emphasizes HIV prevention among the vulnerable and most at risk. National policy is to integrate HIV services with reproductive health services.

62. In Indonesia, programmes have been successful in reaching out to most at-risk young people by partnering with non-governmental organizations and providing vital education and health services through tailor-made programmes based on the characteristics and needs of the targeted population.

63. In the Islamic Republic of Iran, the Government is partnering with UNICEF in a pilot project to empower young people to prevent HIV. It provides information, education, counselling and referral services in health centres and the community and will develop models for effective interventions. On the basis of experience and lessons learned, the programme will in future respond to the vulnerabilities of young women, strengthen the capacity of service providers and increase the use of services by at-risk children, youth and women. At the policy level, adolescent-friendly HIV prevention services will be integrated into the new national strategic plan.

VI. Comprehensive sexuality education

64. In line with the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, UNFPA, among other United Nations agencies, supports countries in providing age-appropriate information about sexuality and reproductive health in a manner consistent with young people's evolving capacities and parents' rights and responsibilities. Sexuality education includes structured opportunities for young people to explore their attitudes and values and to practice decision-making, communication and other life skills necessary for making informed choices about their sexual and reproductive lives. Extensive research shows that comprehensive sexuality education does not lead to increased risk behaviour among adolescents or promote early sexual activity.[37] To the extent that programmes provide adolescents with full and correct information, they explode myths, clear up misunderstandings, clarify values and reinforce positive attitudes.

65. The cooperation and support of parents, families and other community leaders and actors should be sought from the outset of the programmes. Ministries of Education play a critical role in building consensus on the need for sexuality education through consultation and advocacy with key stakeholders, including young people, parents, policymakers and politicians.

66. Research and international technical guidance supported by UNESCO, UNAIDS, UNFPA, UNICEF and WHO demonstrate the characteristics of effective programmes and confirm the importance of a comprehensive sexuality education that addresses gender and sexuality norms.[37] Unequal power in intimate relationships is associated with earlier sexual initiation, more sexual partners, more frequent unprotected sexual intercourse, lower rates of condom and contraceptive

[37] UNESCO, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators* (Paris, 2009). Available from http://unesdoc.unesco.org/.

use, and higher incidence of HIV. Increasingly, education programmes address male behaviour, coercion and violence, but they should also take into account the root causes that reinforce such behaviour.

67. Despite increased support to comprehensive sexuality education at the secondary school level, sexuality education is generally unavailable to older school-age children, and out-of-school programmes are limited. In some pilot districts in Indonesia, sexuality education has been introduced at the junior high school level, either mainstreamed into existing subjects or as a stand-alone subject. The Ministry of Education and Culture, the Indonesia Planned Parenthood Association and UNFPA are working with teachers and young people to develop relevant guidance and tools for locally appropriate teaching. UNFPA is collaborating with the Ministry of Education and Culture to include sexuality education in the national education system.

68. Since 1998, the Government of Mongolia has provided sexuality education in schools from the third to the tenth grades. With support from UNFPA and technical assistance from the Margaret Sanger Center, national experts were trained to develop a sexuality education curriculum, which was rolled out across the country in 2004.

69. UNFPA partners with the Government and non-governmental organizations to support youth peer education at summer camps in Georgia. Since 2006, more than 39,500 young people have attended interactive sessions conducted by trained peer educators on sexual and reproductive health and reproductive rights, HIV prevention and gender and a healthy lifestyle.

70. In Togo, the Association togolaise pour le bien-être familial has promoted sexuality education in partnership with the Danish International Development Agency (DANIDA) and the Government, with radio and television programmes, round-table meetings, reflection days with religious leaders, youth workshops and meetings with district authorities. It also assembled a coalition of national non-governmental organizations and local associations, which produced a new national curriculum for preschools and primary schools and a self-learning manual and module for teachers.

71. Colombia piloted a comprehensive approach to sexuality education in 2005. With technical assistance from UNFPA, the Ministry of Education has scaled up the programme to the national level, engaging the health sector, universities and non-governmental organizations. In November 2010, the Ministry launched a new four-year plan that prioritizes education in sexuality and citizenship. Similarly, Argentina is implementing a nationwide initiative on sexuality education.

72. Promundo in Brazil has developed innovative campaigns and programmes to address gender stereotypes and early socialization and to promote healthier, more equitable relationships among young men and women. The programme has been adapted for other countries, including India and Mexico.

73. In Nigeria, the national family life and HIV and AIDS education curriculum has broadened access to sexuality education for young people. It is a result of a partnership between the Government and non-governmental organizations. An electronic version of the curriculum is now available as a resource for parents, teachers and young people.[23] Girls' Power Initiative, a partner non-governmental organization, also conducts outreach programmes for girls.

74. In Egypt, the main modality for sexuality education is peer education, both within and outside the school. UNFPA collaborates with the National Council for Childhood and Motherhood on a peer education programme in 14 districts to reach out-of-school youth. In addition, UNFPA has collaborated with a prestigious religious centre to produce a guide on reproductive health topics for religious leaders, addressing topics such as female genital mutilation and contraception.

VII. Humanitarian settings

75. The Programme of Action of the International Conference on Population and Development and the key actions for its further implementation recognize the situation of refugees and internally displaced people and highlight the need to ensure the effective protection of and assistance to refugee populations, with particular attention to the needs and physical security of refugee women and refugee children. Conflicts and disasters disrupt familial and social structures and have a dramatic impact on young people's safe and healthy development. Young people in humanitarian crisis situations are at risk of unwanted pregnancy, unsafe abortion and sexually transmitted infections, including HIV. Boys and girls are vulnerable to rape and sexual exploitation and abuse, a reality that the Security Council has recognized through several resolutions on sexual violence.

76. Empowering young people and promoting their leadership and participation in conflict and post-conflict settings requires political support and concerted efforts. With the support of UNFPA, countries have increasingly incorporated young people's sexual and reproductive health needs in their national emergency preparedness plans.

77. UNFPA and Save the Children issued the Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings,[38] which includes user-friendly tools for ensuring priority sexual and reproductive health interventions; assessing adolescent needs; fostering participation with communities and parents; and identifying adolescent sexual and reproductive health entry points in health programmes. It also contains tools for service providers to work more effectively with adolescents at the clinic and community level.[39]

78. With the Women's Refugee Commission, UNFPA supported an advocacy video entitled *Youth Zones: Voices from Emergencies*.[40] Screenings raised the attention of policymakers, donors and programme managers to the challenges and capabilities of young people in emergency settings.

79. UNFPA and UNDP[41] have been working closely with the United Nations and other partners to address HIV and gender-based violence among female combatants and young girls associated with armed forces and armed groups. Programmes are being implemented successfully in the Comoros, Côte d'Ivoire, Indonesia, Nepal and the Sudan.

---

[38] See www.unfpa.org/public/global/publications/.

[39] See www.rhrc.org/resources/arh/player.html.

[40] See www.youthzones.org.

[41] UNFPA and UNDP are co-chairs of the sub-working group on gender, HIV and disarmament, demobilization and reintegration of the Inter-Agency Working Group on Disarmament, Demobilization and Reintegration.

80. In Haiti, after the 2010 earthquake, young people conducted post-disaster rapid needs analyses, including camp assessments to find pregnant women and provide them with extra food. Young people also ensured condom availability and conducted HIV/AIDS awareness sessions.

81. In response to the recent events in Egypt, UNFPA convened an inter-agency task force to coordinate activities and initiatives that focus on young people. The task force provides volunteer opportunities for young people to share information, coordinate activities and engage in policy and programmatic decision-making.

VIII. Major partnerships and networks

82. Young people have a right to participate in programmes that affect them, and with training and assistance they can become powerful advocates for positive change. Opportunities for youth participation are important both for the development of individuals and for the social, political and economic stability of the larger society. Young people's experience of citizenship and community involvement affects the extent and kind of civic participation throughout their lives.

83. Governments and the United Nations are working in partnership with youth-led organizations to promote youth engagement and participation. The Youth Peer Education Electronic Resource programme is one example of youth participation in programming. Its networks promote sexual and reproductive health and provide peer counselling and information across the Arab States and Eastern Europe. It aims to build the capacity of young people to be activists and educators in their communities, involving them directly in programming to increase young people's knowledge of sexual and reproductive health issues. In the occupied Palestinian territories, the programme, supported by the Ministry of Social Affairs, is being expanded to disadvantaged youth groups. More than 300 peer educators have been trained, including about 100 in Gaza. The approach is being expanded and adopted by other youth non-governmental organizations.

84. In Nepal, UNFPA and Restless Development co-chair the inter-agency working group on youth and closely collaborate with the Government on youth policy. United Nations working groups work closely with youth-led organizations at the regional level in Latin America and in the Arab States. At the global level, the UNAIDS Inter-Agency Task Team on HIV and Young People, co-chaired by UNFPA and UNICEF, includes youth-led organizations as members, an example of good practice in youth-adult partnership. The United Nations Inter-Agency Network on Youth Development includes more than 30 entities within the United Nations and cooperates closely with youth organizations. The United Nations Inter-Agency Task Force on Adolescent Girls calls for greater investments in girls' rights, education, health and development as part of an essential strategy for breaking the intergenerational cycle of poverty.

85. At all levels, youth organizations are working in partnership to develop joint priorities and actions. In Afghanistan, Youth in Action Association provides a platform for youth organizations across the country to develop common advocacy messages and strategies. During the International Year of Youth, a coalition of youth organizations, in partnership with UNFPA, developed an advocacy and communications strategy that produced blogs by youth journalists on youth participation in decision-making processes, art contests on HIV prevention,

workshops and training activities, including a campaign on the theme "10 days of activism".

86. The Coalition for Adolescent Girls brings together more than 30 international organizations. In 2011, the Clinton Global Initiative continued to encourage discussion on investments and solutions in this area, and The Elders launched Girls Not Brides, a global partnership of non-governmental organizations to end child marriage, support child brides and raise the profile of this neglected problem.

87. Many global partnerships and networks promote young people's rights and access to sexual and reproductive health services. The International Planned Parenthood Federation has catalysed a global youth movement for sexual and reproductive health and strengthened the capacity of its 170 member associations to deliver services. The Inter-Agency Youth Working Group coordinated by Family Health International is a network of organizations with an interest in improving the sexual and reproductive health of young people in developing countries. UNFPA has also mobilized youth-led networks and youth-adult partnerships to promote the agenda of the International Conference on Population and Development for young people at the national, regional and international levels.

IX. Challenges and the way forward

88. Countries have made progress towards the commitments made in the Programme of Action of the International Conference on Population and Development, the key actions for its further implementation and the Millennium Development Goals. However, despite the compelling evidence of the importance of young people to countries' prospects for development, investments in young people continue to lag behind.[22] Urgent efforts are needed to protect, promote and fulfil the human rights of young people, especially the right to sexual and reproductive health.

89. Policy frameworks should be multisectoral, bringing together relevant ministries, national institutions, donors and stakeholders to initiate an integrated approach to young people's issues, including health, education, employment, social integration and strategies for sustainable livelihoods (see General Assembly resolutions 50/81, annex, paras. 113 and 114; and 65/312, para. 9).

90. Adolescent sexual and reproductive health should be included as a development priority, as well as a human right, with appropriate budgets. Legal, rights and policy frameworks for adolescent sexual and reproductive health remain weak and services inadequate. There continue to be systemic challenges to women's empowerment, gender equality and young people's access to sexual and reproductive health, including social attitudes and practices.

91. There are many barriers that hinder access to an integrated package of sexual and reproductive health and HIV services, especially for vulnerable groups. Among those are legal and policy issues, stigma and discrimination and social and cultural factors. It is vital to extend coverage of key interventions, including changing social norms and laws. Opportunities exist to reshape the legal and social milieu that compounds vulnerability and marginalization, leading to HIV infection.

92. Organizational difficulties include physically inaccessible services, which are not youth-friendly and do not meet the standards of quality, privacy, confidentiality and informed consent. Some countries hoping to move away from stand-alone

adolescent sexual and reproductive health services are experiencing difficulty in scaling up integrated initiatives. Many services are not youth friendly. Despite the provision of training, many health providers remain judgemental and lack the skills to work with adolescents in a sensitive and confidential way. Services are commonly oriented to adult women with children and do not reach out to the youngest, including first-time mothers and married adolescents without children. Laws and policies may restrict services available to unmarried adolescents.

93. Health policies, health service delivery systems and financing should ensure access to comprehensive, age-appropriate sexual and reproductive health information and services for both married and unmarried young people. These should include contraceptive information and services, including male and female condoms for the prevention of pregnancies and HIV infections; care in pregnancy and childbirth; safe abortion services, in circumstances where abortion is not against the law; access, in all cases, to quality services for the management of complications arising from abortion; post-abortion counselling, education and family planning; voluntary HIV counselling and testing and antiretroviral treatment; prevention and treatment of sexually transmitted infections; information and counselling on sexual and reproductive health; and gender-based violence screening and services.

94. All services should reach the most marginalized, disabled persons and hard-to-reach youth populations, particularly girls. Improved coordination and referral between health and education systems is needed to provide more integrated support for young people.

95. Girls and young women, both married and unmarried, need protection from all forms of gender-based violence, abuse and exploitation, including unwanted and coerced sex. Programmes that build the capacity of young people to protect themselves are needed. Those who experience violence should have prompt access to protection, the requisite services and justice. Child marriage remains a serious health, social and human rights problem, especially in poor and rural communities.

96. Out-of-school girls, in particular, need safe spaces to strengthen their health knowledge and life skills and expand their social networks. Safe spaces should create catch-up schooling opportunities and provide access to services. Programmes should also respond to the needs of boys and young men so as to promote the concepts of gender equality and mutual respect and offer appropriate role models.

97. Policies should promote gender-sensitive, age-appropriate, life-skills-based comprehensive sexuality education for young people both in and out of school, based on international standards. Curricula should have regard to the evolving capacities of young people at different ages to make their own decisions. Special attention should be paid to the needs of the most marginalized and most at-risk adolescents, including refugee and displaced populations. Young people living with HIV should be engaged to ensure that policies and programmes address their sexual and reproductive health needs and concerns and eliminate stigma and discrimination against them.

98. Countries should ensure the participation of young people, in particular the most marginalized among them, in the drafting and execution of policies, promoting their human rights and their role as agents of social progress and peacebuilding. They should mainstream young people's needs and perspectives in all post-conflict, peacebuilding, post-disaster and recovery processes and sectors.

99. New technologies should be harnessed in order to improve access to education, promote youth involvement in governance and ensure that investments reach marginalized young people, especially adolescent girls. Special efforts are needed on behalf of young people who are internally displaced or refugees or live in difficult humanitarian situations.

100. Investment in data, knowledge generation and capacity development concerning young people is an essential element. Policy strategies should encourage research and systematic generation of data on young people, most particularly the youngest (10 to 14-year-old) girls. They should ensure that data collection and analysis reflect the priorities of adolescents and youth, are disaggregated by age and sex and are used to enrich the understanding of youth issues, inform policy discussions and interventions and strengthen the evidence base on the importance of investing in young people.